



North Carolina Department of Health and Human Services
Office of Public Affairs
CONSENT TO PHOTOGRAPH / INTERVIEW

We (I), the undersigned, voluntarily grant to the NC Department of Health and Human Services, without pay, the permission to use photographs and names of ourselves (myself) to illustrate its programs and services.

DATE	SIGNATURE OF PATIENT / CLIENT	ADDRESS	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Signature of Witness _____

.....

When a minor or ward is to be photographed or name used in illustrating a service, the parent's or guardian's consent should be indicated below.

NAME OF MINOR / WARD	SIGNATURE OF PARENT / GUARDIAN	RELATIONSHIP	ADDRESS OF PARENT / GUARDIAN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOR PHOTOGRAPHER'S USE ONLY: Identify photograph in writing or as a sketch.

Signature of Photographer _____



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Date:_____ Time:_____ a.m., p.m. (circle one)

This consent is expressly intended to release the NC Department of Health and Human Services and its personnel from any and all liability that would result from the taking and authorized use of these materials.

I hereby authorize the above named to obtain or to permit:

(Name of media outlet / agency / publication / or other person)

to obtain the following of me / my child (check appropriate description(s))

_____ Photographs _____ Film / Videotape _____ Interview _____ Voice Recording

I agree that the above named may use or permit other persons to use the materials produced from this session for any of the purposed outlined below (check appropriate categories).

_____ Educational Publications

_____ Department Publications

_____ Research Materials / Publications

_____ Print or Broadcast Media

_____ Advertising

_____ Other (please specify)

If applicable:

_____ I agree to the above on the condition that I will not be identified by name.

Name (please print)

Signature / Date

Parent or Legal Guardian Signature / Date

Witness Signature / Date

NC Department of Health and Human Services
Office of Public Affairs
2006 Mail Service Center
Raleigh, NC 27699-2006
TEL: 919-733-9190
FAX: 919-733-7447